

Name in Full *Hannah Abernathy*
 Died at *Fairview, Garrett* County *MARYLAND*
 Date 19 *08* *Feb.* *4* Month *Feb.* Day *4* Y. *84* M. *11* D. *14*
 Age *84-11-14* Native of *West Va* Occupation *Farmer*
~~Male~~ *White* ~~Marrried~~ *Widow* ~~Single~~
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living *4*

~~Husband~~ of *James W. Abernathy*
 Wife
 Father's Name *Aguill Sharpless* Mother's Maiden Name *Sarah Titchinell*
 Cause of *Primary Paralysis* How long sick *14 days*
 Death *Immediate* *(66) ✓* *Accident, Suicide, Homicide*

Reported by *Isaac W. Abernathy Minister*
 Address *Wilson, W. Va.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna Bager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

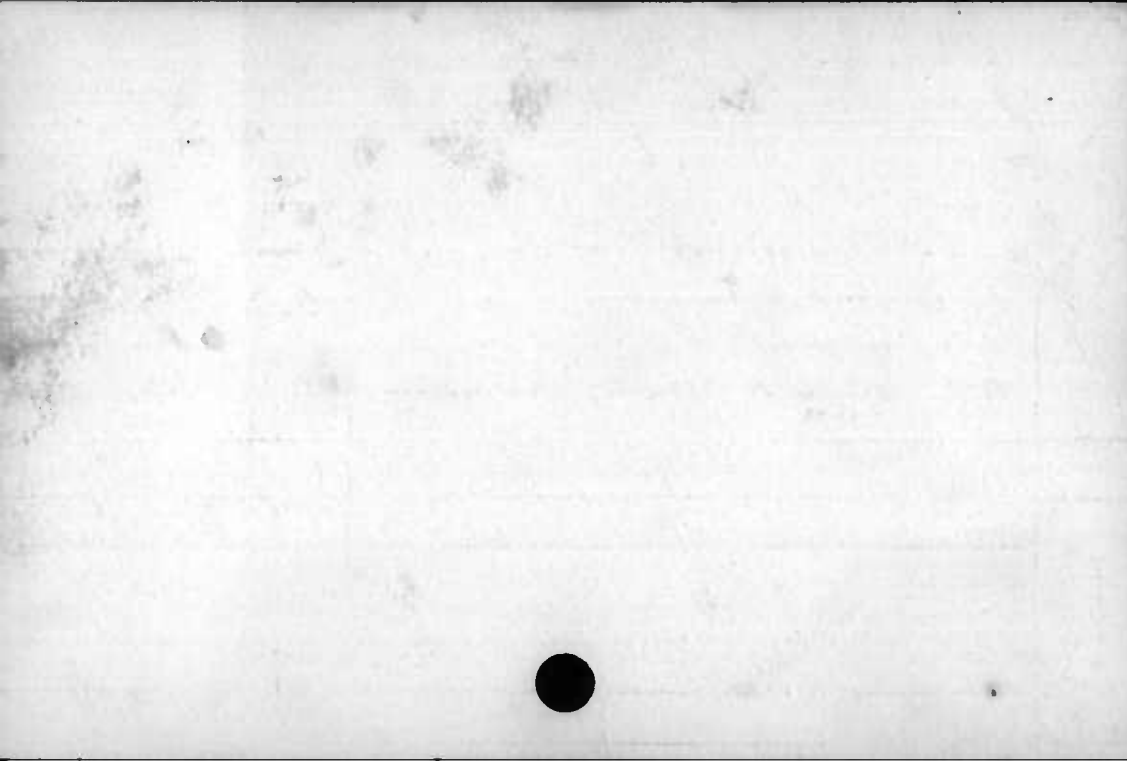
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	11	57		1	7
Sex		Color or Race		Birth-place			
Female		white		Accident			
Occupation				Where Residing if not at place of death			
Housekeeper							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
John Bager				Sant Know			
Mother's Maiden Name				Mother's Birthplace			
Sant Kiger				Sant Know			
Name of person giving information				How related to deceased			
David Bittling				Brother-in-law			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
Unknown - Found dead			
Immediate		How long	
Jury verdict natural cause		Sant Know	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. R. Bager M.D.	
		Address	
		Accident	
Accident or Suicide?		M.D.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

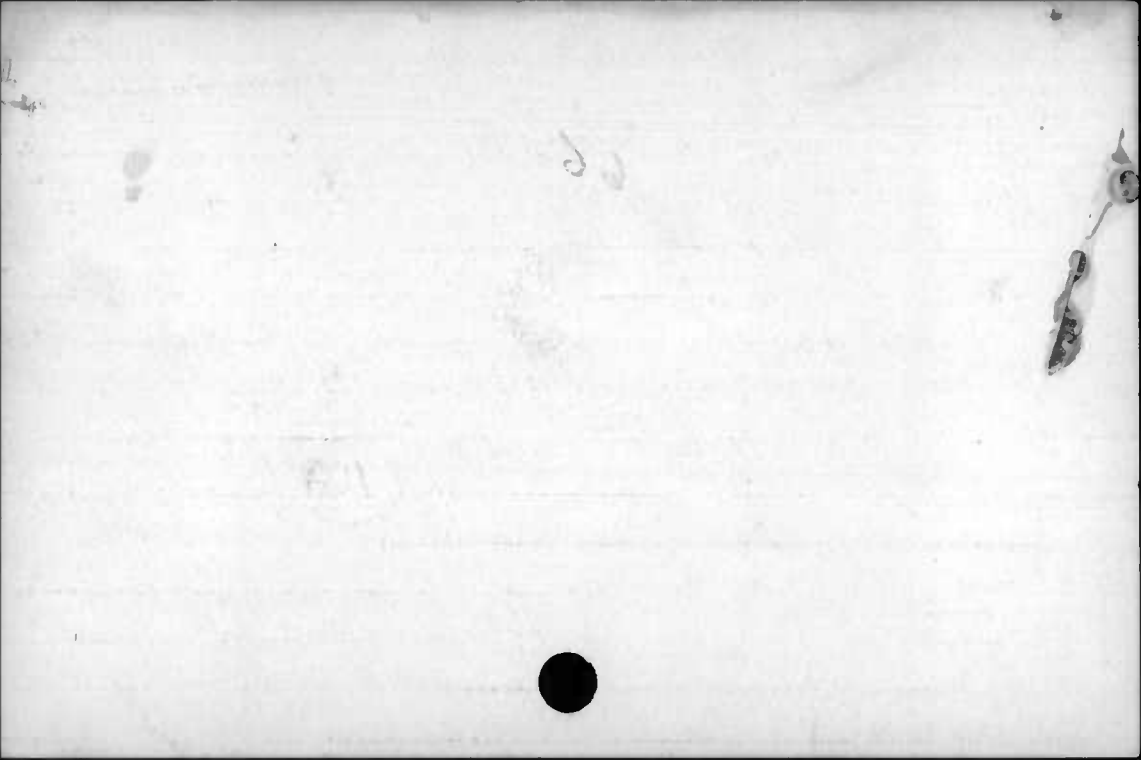
Name in Full <i>Ida Bittinger</i>		Town <i>Accident</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Accident</i>		Month <i>Feb</i>		Day <i>6</i>		Years <i>41</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>6</i>		Years <i>41</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Months <i>9</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>David Bittinger</i>					
Father's Name <i>Samuel Custer</i>		Father's Birthplace <i>Southern</i>					
Mother's Maiden Name <i>Lydia Deane</i>		Mother's Birthplace <i>Southern</i>					
Name of person giving information <i>David Bittinger</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Logriph</i>	How long <i>8 days</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.R. Bayer</i>
	Address <i>Accident md</i>
Accident or Suicide? <i>+</i>	



Name
in
Full

Boby Britt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carland</i> <small>Town</small>		<i>Harriet</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis Britt</i>			Father's Birthplace <i>West Va.</i>		
Mother's Maiden Name <i>Piper</i>			Mother's Birthplace <i>West Va.</i>		
Name of person giving information <i>Louis Britt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Suppocation (found dead in bed)</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Legge. M.D.</i>
	Address <i>Carland Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thomas William Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

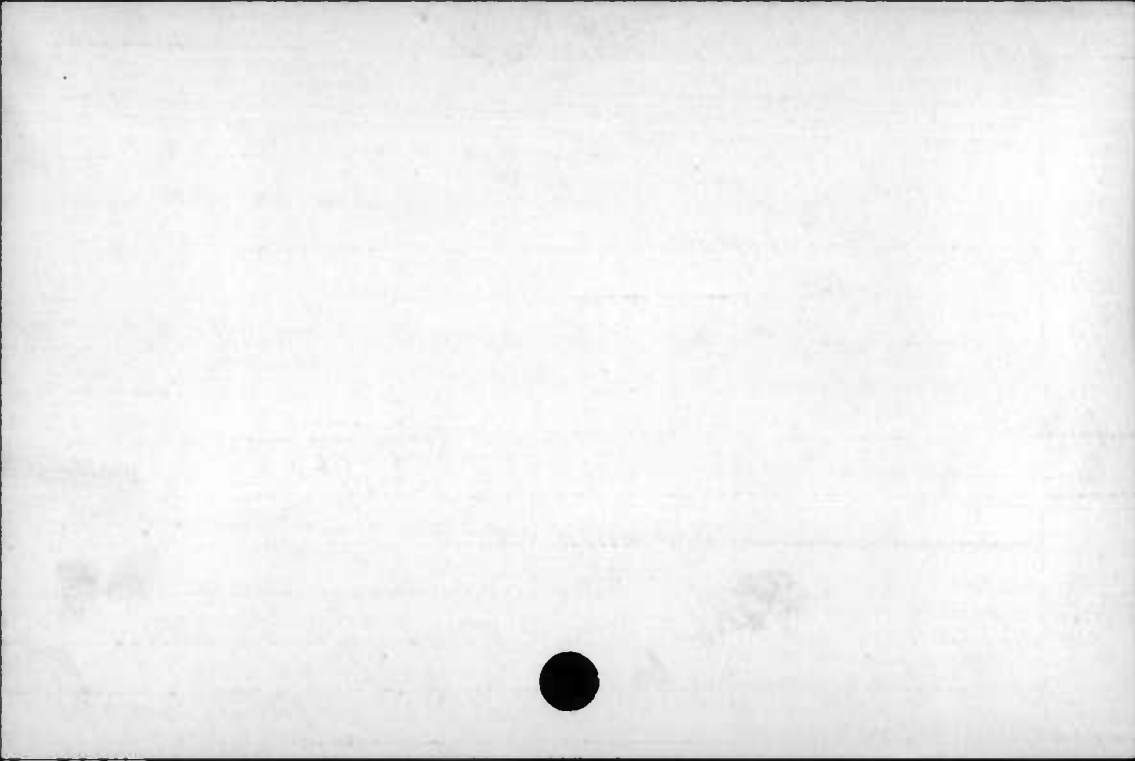
Died at		Town Jennings		County Garrett		MARYLAND	
Date of death		1908	Month Feb.	Day 1	Age 17	Years 8	Months 17
Sex Male		Color or Race White		Birthplace Corra, Pa.			
Occupation Lumberman		Where Residing if not at place of death Jennings Mt					
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name Michael Carroll		Father's Birthplace Corra Pa					
Mother's Maiden Name Minnie Baker		Mother's Birthplace Corra Pa,					
Name of person giving information Joseph Kirk		How related to deceased Mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	How long 4 weeks
Immediate	Acute Military Tuberculosis	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. J. Robinson
		Address Grantville Mt.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

John Edmonds

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lees Park</i>		Town <i>Lees Park</i>		County <i>Southern</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>				
Occupation <i>Coal miner</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>John Williams</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>(No physician)</i>
	Address <i>Lees Park</i>
Accident or Suicide?	<i>Don't know</i>



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

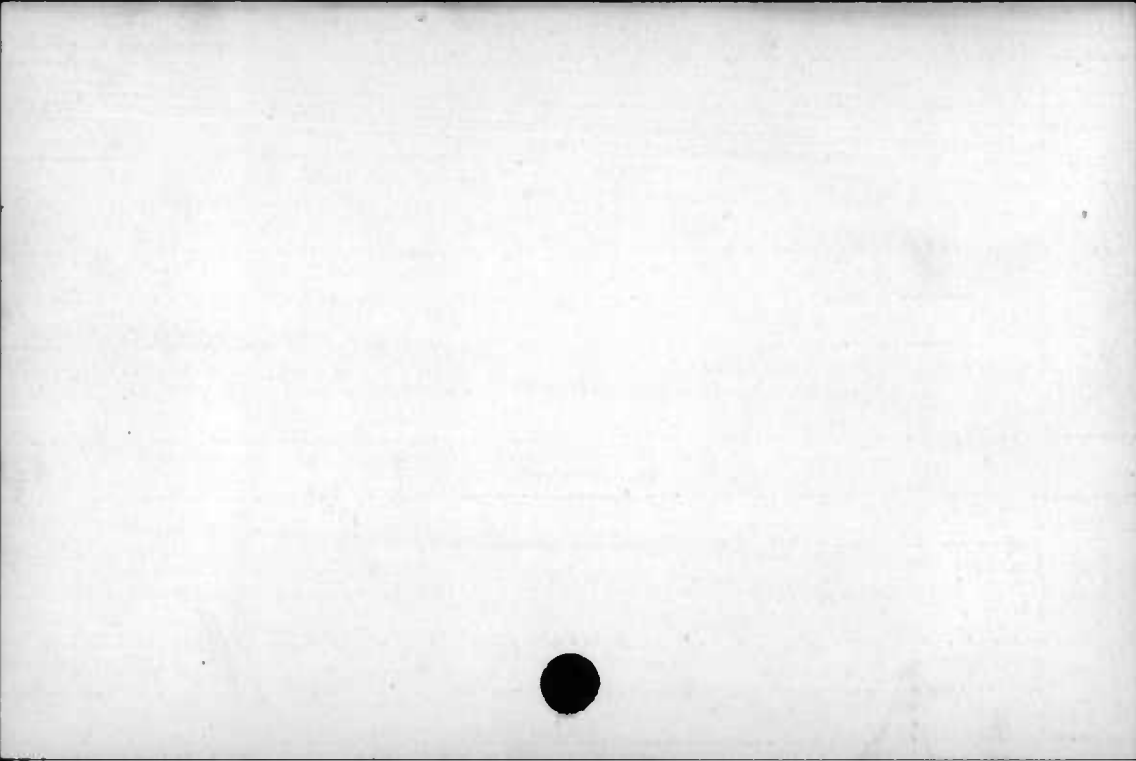
Died at <i>McHenry</i> ^{Town}		<i>Spawlett</i> ^{County}	
Date of death 190	<i>8</i> ^{Month}	<i>10</i> ^{Day}	Age <i>3</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>McHenry Md</i>	Months <i>7</i> Days <i>14</i>
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Gus. Gloffitt</i>	Father's Birthplace <i>McHenry Md</i>		
Mother's Maiden Name <i>Hattie Lowdermill</i>	Mother's Birthplace <i>McHenry Md</i>		
Name of person giving information <i>Gus. Gloffitt</i>	How related to deceased <i>Foster</i>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>2 weeks</i>
Immediate <i>Bright's disease</i>	How long <i>10 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H R Bayes</i>
	Address <i>Accident Md</i>
Accident or Suicide?	



Name
in
Full

Infant Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Novitz Farm* Town *Garrett* County
Date of death *1908* Month *Feb* Day *14* Age *—* Years *—* Months *—* Days *2*
Sex *Male* Color or Race *White* Birth-place *Garrett Co -*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Alonzo Green* Father's Birthplace *Garrett Co -*
Mother's Maiden Name *Elizabeth Cutter* Mother's Birthplace *Garrett Co -*
Name of person giving information *Alonzo Green* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Icterus - developing soon after birth*

How long

Immediate *Icterus*

How long

2 days

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*James O. Bullock, M.D.
Immaculata Ma -*

Accident or Suicide? *no*



NEAREST FRIEND		John Kitzmiller				CERTIFICATE OF DEATH	
Died at		Town <i>Mc. Henry</i>		County <i>Garrett</i>		MARYLAND	
Date of death		1908	Month <i>Feb</i>	Day <i>8</i>	Age <i>80</i>	Months <i>9</i>	Days <i>27</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>W Va</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Anne Kitzmiller</i>					
Father's Name <i>Jasper Kitzmiller</i>		Father's Birthplace <i>W Va</i>					
Mother's Maiden Name <i>Mollie Ward</i>		Mother's Birthplace <i>W Va</i>					
Name of person giving information <i>W. Marringley</i>		How related to deceased <i>step son</i>					
CAUSES OF DEATH							
Primary		<i>Probably cramp.s in bowels</i>				How long	
Immediate		<i>Freezing</i>				How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>H.R. Bayer M.D.</i>			
				Address <i>Accident Md.</i>			
Accident or Suicide?							

Kitzmillen farm

Name
in
Full

Martin Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hoyer</i> Town		County <i>Garrett</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Feb</i>	Day <i>13</i>	Age	Years	Months <i>6</i> Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Amos Lewis</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Catharine Spitzer</i>			Mother's Birthplace <i>MD</i>		
Name of parson giving information <i>Gilbert Enloe</i>			How related to deceased <i>now relation</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>The Parents claim the child had been sick ever since it was born. They had no Physician and did not know the disease it died of.</i>	How long
Secondary		How long
As the name, age, sex, color, date of death correctly given above?		Signature of Physician
		Address
Accident or Suicide?		<i>Wm H. Green</i>

Sebolt cemetery

Name
in
Full

Isaac Mayle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town dest 510 10		County Garrett		MARYLAND	
Date of death	1908	Month 2	Day 15	Age 86	Years	Months	Days
Sex	male		Color or Race	Indian		Birth- place	md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband Sarah Mayle				
Father's Name	Wilbur Mayle				Father's Birthplace	Joanoke Va	
Mother's Maiden Name	Murphy				Mother's Birthplace	W. Virginia	
Name of person giving information	John Willbourn				How related to deceased	Great-nephew	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Sexuality		How long	Several Years
Immediate	Paratyphoid		How long	Two hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Two physicians
			Address	J E Leggs N. O. Oakland Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *David H. Uphold* Town *White Rock* County *Barrett* MARYLAND

Died at *White Rock*

Date of death *1908* Month *Feb* Day *1* Age *35* Years Months *10* Days *15*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *coal miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah J. Uphold*

Father's Name *Franklin D. Uphold* Father's Birthplace *don't know*

Mother's Maiden Name *Martha Keller* Mother's Birthplace *Mo*

Name of person giving information *Sarah J. Uphold* How related to deceased *wife*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Fall of rock in mine
causing leg & disfiguring injury

Primary *Injury* How long *2 wks*

Immediate *Heart Failure; Traumatic peritonitis* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. J. Mason MD*

Address *Friendsville Mo*

Accident ☒ Suicide ☐

Blooming Rose

Name
in
Full

Lantha M. Marnick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

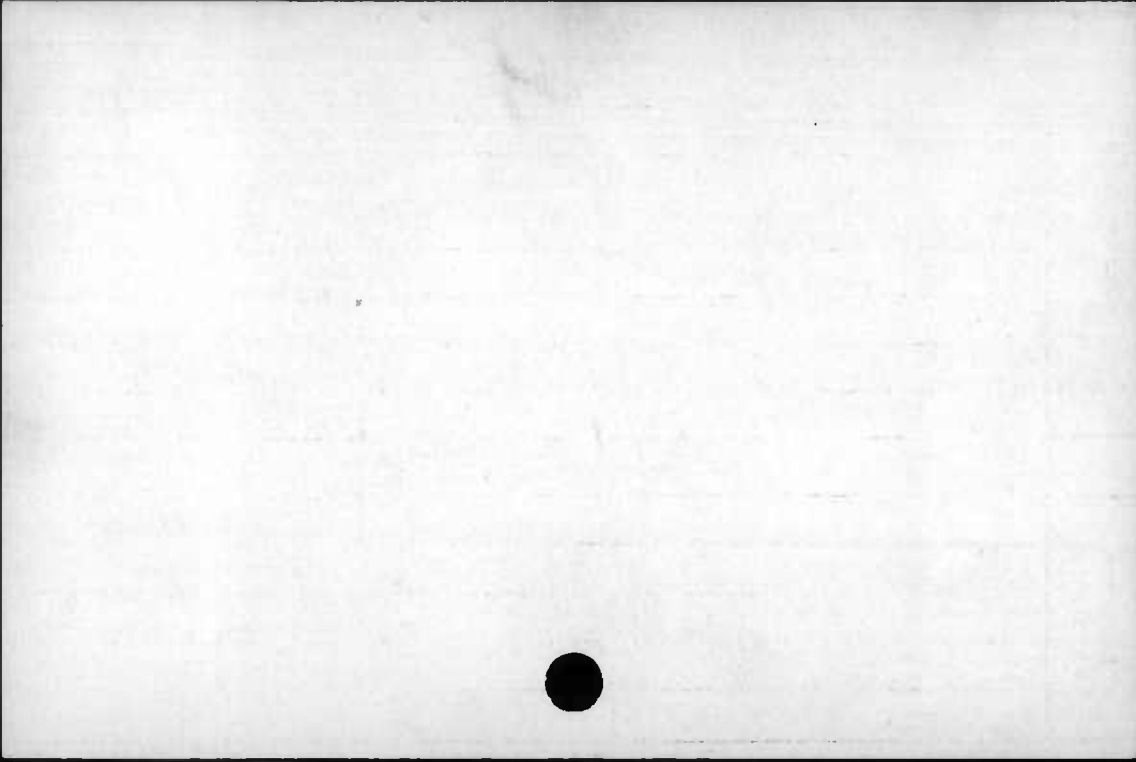
Died at - <i>New Germany</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	10
Age	65	Years		Months	11
Sex	Female	Color or Race	White	Birth-place	New Germany Md
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>New Germany Md</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Ashford Marnick</i>			
Father's Name	<i>Samuel Brown</i>		Father's Birthplace <i>Long E. Md</i>		
Mother's Maiden Name	<i>Mary Michaels</i>		Mother's Birthplace <i>New Germany Md</i>		
Name of person giving information	<i>Wesley Bowers</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis due to rupture in brain</i>	How long	<i>7 days</i>
Immediate	<i>- Complete Paralysis</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. P. Robinson</i>		
	Address <i>Grantsville Md.</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

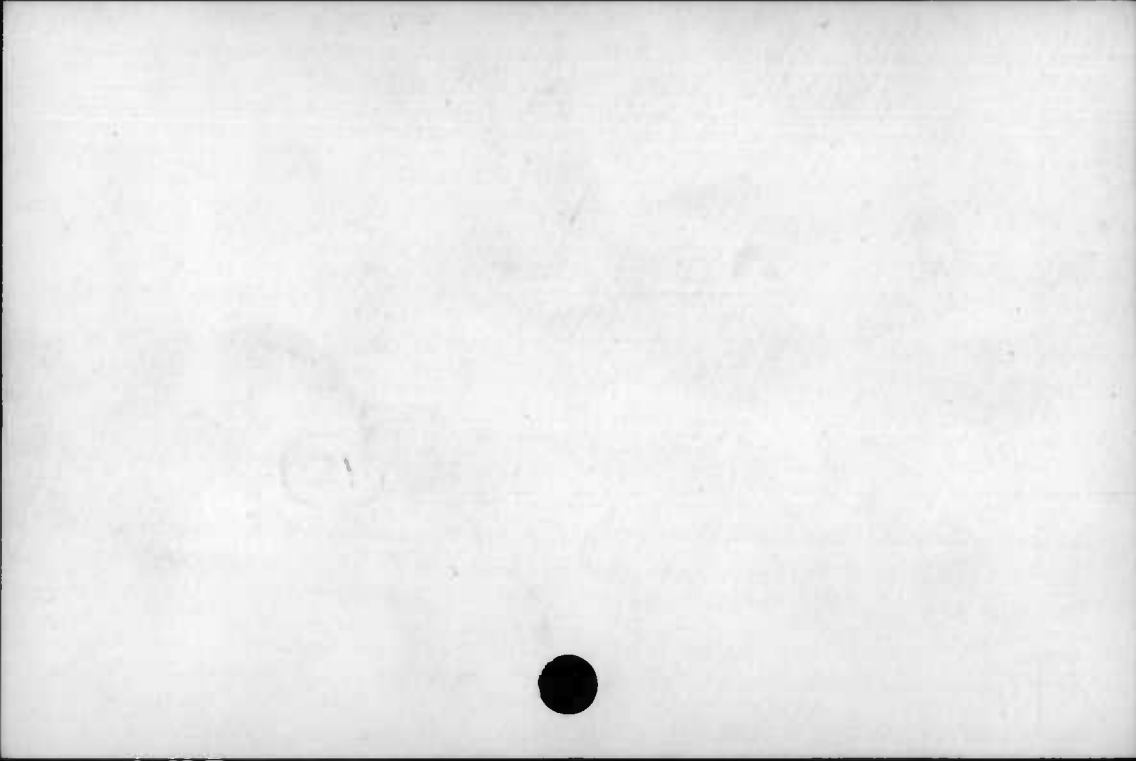
Name in Full <i>James Weir</i>		Town <i>#11 Dick</i>		County <i>Jarrett</i>		MARYLAND	
Died at <i>#11 Dick</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>67 (67)</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>67 (67)</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Scotland</i>		Months <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Days <i>28</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie McWilliam</i>		Father's Name <i>Alexander Weir</i>		Father's Birthplace <i>Scotland</i>	
Mother's Maiden Name <i>Jane Lamb</i>		Name of person giving information <i>Jugh Weir</i>		Mother's Birthplace <i>Scotland</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>30 years</i>
Immediate <i>Safriff - Heart failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Maconing</i>
Accident or Suicide? <i>no</i>	<i>Manfury</i>



Name
in
Full

Laura E. Wintersburg

CERTIFICATE OF DEATH

Died at		Town Granville		County Carroll		MARYLAND	
Date of death		Month 8	Day 7	Year 1908	Age 33	Months 11	Days 24
Sex Female		Color or Race White		Birth-place Elk Lick Pa			
Occupation Housewife		Where Residing If not at place of death Granville Md					
Married, Single or Widowed Married		Name of Wife or Husband William Wintersburg					
Father's Name Samuel Luckel		Father's Birthplace Elk Lick Pa					
Mother's Maiden Name Ellen Kretchman		Mother's Birthplace St Paul Pa					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

10

PHYSICIAN OR CORONER H	Primary	Lagrippe	How long	2 Week's
	Immediate	Pneumonia	How long	2 day's
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. T. Robinson	
			Address Granville Md	
Accident or Suicide?				

